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Nurse workforce in state services with direct management: Revealing precarization

Força de trabalho da enfermeira em serviços estaduais com gestão direta: Revelando a precarização

Fuerza de trabajo de la enfermera en servicios estatales con gestión directa: Revelando la precarización

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Abstract

Objective: Analise nurse workforce under direct management of Bahia Department of Health. **Methods:** Quantitative, analytical, census (N = 2.305). 2013 secondary data. **Results:** Predominate statutory bonds, formed mostly by women (93.84%), with greater incorporation of men lately (58.45%). Women that worked for many years or were recently contracted. Men are found working more in hospitals while women in administrative sectors. Maturities focus on up to two minimum wages (61.56%). In the highest salary range men have a higher proportion and commissioned position is the most important factor that adds value to earnings. The workload of 40 hours per week is carried out by 41% of women workers. **Conclusions:** Nurses, even approved by a public contest, experience a process of precarization of labor, low wages and long hours. Prevailing gender differences in the type of service, value of wages and taking positions.

Keywords: Workforce; Nurses; Health management; Health systems.

Resumo

Objetivo: Analisar a força de trabalho da enfermeira sob gestão direta da Secretaria da Saúde do Estado da Bahia. **Métodos:** Quantitativo analítico, censitário (N = 2.305), dados secundários de 2013. **Resultados:** Predominam vínculos estatutários, maioria mulheres (93,84%), com maior incorporação de homens nos últimos anos (58,45%). Trabalhadoras com muito tempo de serviço ou recentemente admitidas. Homens se encontram mais nos hospitais enquanto mulheres, nos setores administrativos. Os vencimentos se concentram em até 2 salários mínimos (61,56%). Na faixa salarial mais alta, os homens têm maior proporção e o cargo comissionado é o fator que mais agrega valor ao salário. A carga horária de 40 horas semanais é exercida por 41% das trabalhadoras. **Conclusões:** Enfermeiras, mesmo concursadas, vivenciam um processo de precarização do trabalho, com baixos salários e extensa carga horária. Prevalecem diferenças de gênero quanto ao tipo de serviço, valor dos salários e assunção de cargos.

Palavras-chave: Força de trabalho; Enfermeiras; Gestão em saúde; Sistemas de saúde.

Resumen

Objetivo: Analizar la fuerza de trabajo de la enfermera bajo gestión directa de la Secretaria de Salud del Estado de Bahía. **Métodos:** Cuantitativo analítico, censitario (N = 2.305), datos secundarios de 2013. **Resultados:** Predominan vínculos estatutarios, mayoría mujeres (93,84%), con mayor incorporación de hombres en los últimos años (58,45%). Trabajadoras con mucho tiempo de servicio o recientemente admitidas. Los hombres se encuentran más en los hospitales mientras, las mujeres en los sectores administrativos. Los valores se concentran hasta 2 sueldos mínimos (61,56%). En la categoría salarial más alta, los hombres tienen mayor proporción y el cargo comisionado es el factor que más añade valor al sueldo. La carga horaria de 40 horas semanales es ejercida por 41% de las trabajadoras. **Conclusiones:** Enfermeras, mismo concursadas, viven un proceso de precarización del trabajo, con bajos sueldos y extensa carga horaria. Prevalecen las diferencias de género cuanto al tipo de servicio, valor de los sueldos y asunción de cargos.

Palabras clave: Fuerza de trabajo; Enfermeras; Gestión en salud; Sistemas de salud.

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INTRODUCTION

Workforce is the physical and mental capacity the worker features and sells as your only merchandise, participating in the social relations of production. The separation of the worker from production resources was the key milestone for their wage. So, for the employer, the workforce is just another element that needs to operate the production resources[1].

Since the 1970s, changes in the world economy as financialisation, productive restructuring and globalization, affected the labor market. The productive restructuring of public and private companies, with the introduction of new work management modes influenced by Toyotism and quality circles, achievement of goals, among others, led to the redefinition of power between capital and labor, leading to a clear weakening of the workers[2,3].

Spread in Brazil and in the world, forms of contract, salary reduction, flexibilization of labor rights, longer working hours and an increase in unhealthy and dangerous conditions of work[2,4]. In this context, it takes impulse precarization of labor, conceptualized by Bourdieu[5] as a political phenomenon that keeps the submissive worker to conditions of exploitation in order to save their jobs.

The formal labor market in health in Brazil presents, dialectically, two trends: how the labor market in general is being affected by job precarization, but paradoxically, even in times of crisis, it shows growth of job opportunities.

By 2000, the private sector was the largest employer in the health sector, representing 54.6% of employment[6]. However, in this decade, the labor market in the area showed significant growth of formal employment bond. This can be attributed to the implementation of the Unified Health System (*Sistema Único de Saúde - SUS*), which provided the expansion of the health care network, creating jobs in several areas[6,7]. In this scenario, the Nursing field showed the highest absolute growth among the formal links[8].

Unlike other sectors of the economy, in health sector lies most of the workers linked to the public service, with the SUS as the main labor market for health professionals. In 2008, 73,5% of physicians, 78,8% of dentists and 52% of nurses had their job bond in public health services[9,10].

Besides the increase of jobs in the 1990s there is also strong growth of graduation courses and number of vacancies in nursing. Predominantly, the increase in vacancies in the courses took place in the private sector, representing a percentage of 1100%, while in the public sphere grew 132%[10]. This growing manpower supply directly influences the supply and demand relations in the labor market and implies how this workforce will be marketed and used by the productive sector.

Registered Nurses, Practical Nurse and Nursing Assistants represent, in Brazil, 80% of the health workforce. In hospitals, it is estimated that workers in nursing are 60% of the total workforce[11]. In Bahia, data of the Regional Nursing Council by April 2015, reveal that there are registered and active on the Board 27.866 Registered Nurses, 61.266 Practical Nurses and 16.623 Nursing Assistants[12].

In this article, we define as objective analyze the nurse workforce in the SUS service network, most significant current labor market for nurses, of Bahia, under the direct management of the Bahia Board of Health (Secretaria da Saúde do Estado da Bahia - Sesab).

The study seeks to fill the gap of knowledge produced on the workforce in nursing in Bahia, considering that nurses make up the group of workers in nursing, most quantitative employees operating in SUS Bahia (35,2%)[13,14].

It is considered the assumption that, despite the maintenance of formal bonds of nurses working under direct management in the state system, elements of precariousness prevail as low wages, gender inequalities and low added value to pay for professional training.

A formal employment does not necessarily mean a good job. According Druck[4], there are six types that make precarious work, and the type of link: vulnerability in the forms of inclusion and social inequalities, intensification of work and outsourcing, insecurity and health in the job, loss of individual and collective identity, embrittlement of the organization of workers and, the condemnation and disposal of labor law. In addition, the Ministry of Health[15], in the National Program of Work Desprecarization in SUS says that precarious work is one that does not guarantee social protection, it goes beyond the link mode.

The relevance of this article is to point out social and economic aspects of the work in SUS in the time that Sesab defines as strategic actions in the State Health Plan the implementation of management alternatives to ensuring compliance with the labor rights of health workers and the improvement of their working conditions and remuneration[16]. These contributions meet the provisions by the Ministry of Health, in the National Program of Work Desprecarization in SUS.

METHODS

We conducted an exploratory, analytical study with a quantitative approach, using secondary data to analyze the workforce of nurses and verify possible associations between sociodemographic variables and professionals.

The scenario chosen was the state network of SUS in Bahia, characterized predominantly by medium and high complexity services, analysis clipping to the set of workers whose links were under the direct administration of Sesab.

The data collected refer to the time frame of December 2013. At the time of research, Sesab was organized in nine health macro-regions, 28 health regions, 31 Regional Health Directorates (Dires) and 28 Regional Inter-Collegiate (CIR). It is responsible from the technical support to municipalities to the provision of direct services by the state. Thus, Sesab has 28.812 employees, 26.264 of which have effective bond[13].

In Sesab the Own Network Management Board (DGRP), which is part of the Superintendency of Comprehensive Health Care (SAIS), is the body responsible for monitoring the state public units of health care. Currently, there are 39 hospitals

under its responsibility, seven reference centers and five emergency units, totaling 51 units[17].

The study population represents 2.305 nurses working in the network of state SUS services under direct management, appearing in Sesab register provided by its Human Resources Superintendent.

The available database had 2.338 reporting units, however there were repetitions of names both to designate payment of commissioned position or in cases where the worker had two bonds. In the first case, these names repeated as one professional were considered, but those names that recurred to represent different bonds were considered separately.

Because it is a census study, were included all workers registered as active, according to the data available. Moreover, they were excluded from the study nurses registered as retired.

Data were extracted from the data through a spreadsheet Excel Version 2013 software and exported to the statistical program STATA SSP for processing and analysis, considering the age, sex, salary, hours of the day, time of admission, level of education, commissioned position, type of contract, employment status and place of work.

It was performed the data analysis by bivariate distributions frequencies; associations between variables were assessed by using the Pearson Chi^2 test and Linear Trend of Chi^2. Adopted the statistical significance level of 5% ($\alpha \leq 0.05$).

The analysis was based on the following questions: a) Is there an association between sex and length of service, workplace, salary, education level or commissioned position? b) There is an association between the salary and length of service, workplace, level of education and commissioned position? c) There is an association between level of education and commissioned position?

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RESULTS

Among the sociodemographic characteristics, the prevalence of 93,84% check up of working women and in the age groups 30 to 39 and 50 to 59 represented by 35,40% and 30,10%, respectively. The wage income remained in the range of one to two minimum wages in 61,56% of cases, leaving out that only 0,65% of the nurses gain a maturity above four salaries, been seven salaries reached the maximum. Prevailed in the higher education level the undergraduate level (61,69%); from the percentage with graduate prevails the level of expertise (35,54%).

As for professional features, 39,31% have less than three years of admission and 33,19% between 20 and 29 years of admission. The places in which focus the workforce are hospitals and emergency units, representing 63,99% of the total.

Among the nurses 98,52% have active civil bond under a statutory regime, and only 1,48% have special contract of administrative law. Only 2,75% occupied commissioned positions and 0,48% recorded to have other training. It was also found the predominance of working hours to 30 hours per week (59%), and 41% to 40 hours per week.

The difference in the proportional distribution in the tests between sex and education level variables, admission time, workplace and maturity are presented in Table 1. There were differences between the proportions in all associations with statistical significance. In the association between variables when considering the titling graduate, women stand out with 37,77% compared to 23,24% of men, with a statistically significant difference in higher levels of education among women.

When tested gender in relation to the time of admission, it is observed that, when considering the two periods of higher input workers in Sesab was also observed a significant association. There was an increase in the proportion of men in the last three years where 58,45% of them were admitted in this period. Among women, the distribution is equal in both periods where 38,05% of them are less than three years in the network services of health and 34,54% are in the range between 20 and 29 years of service.

Regarding the workplace, there is a significant difference between the proportions of men and women. Men predominate in hospitals, emergency units and maternity units with 80,28%, while the percentage of women in these services is 66,48%. In contrast, the percentage of women allocated in Dires, areas of direct management and referral centers, is 26,54%, while men represent only 16,20%.

In relation to gender and maturity, also shown in Table 1, men have higher proportions in the salary ranges of up to two minimum wages (77,46%) compared to women (60,52%); in the range greater than four minimum wages are 1,41% of men compared to 0,60% of women. The women stood out in the upper range of two to three minimum wages, with 37,45% - only 21,13% of men who are allocated in the same range.

Table 2 shows the proportional distribution of tests between maturity and education level variables workplace commissioned position and time of admission. Overall, there was difference between the proportions, and all associations statistically significant.

By associating maturity and level of education, it appears that the range of one to two minimum wages, where is the highest percentage of workers, 69.84% of nurses have only the undergraduate degree. The workers with specialization are concentrated among those that have higher incomes of two up to four wages, showing percentages of 47.74% and 50%, respectively. However, in the upper salary range to four minimum wages, the highest percentage is of people with no record of information about the level of education. It is noteworthy that most people with masters and doctorate are in the salary range of up to two minimum wages.

When compared to the salaries and the workplace, 73.78% of income in the range of one to two minimum wages are associated

Table 1. Proportional distribution by gender, regarding professional features of nurses of the service network of state SUS. Bahia, 2013

Variable	Gender						*p*-value
	Female		Male		Total		
	N	%	N	%	N	%	
Instruction level							*p**
Undergraduate	1313	60.70	109	76.76	1422	61.69	
Specialization	787	36.38	32	22.54	819	35.53	
Master/Doctor Degree	30	1.39	1	0.70	31	1.34	0.002
No information	33	1.53	0	0.00	33	1.43	
Total	2163	100.00	142	100.00	2305	100.00	
Time of admission							*p***
< 3years	823	38.05	83	58.45	906	39.31	
3 to 9	365	16.87	29	20.42	394	17.09	
10 to 19	73	3.37	2	1.41	75	3.25	0.000
20 to 29	747	34.54	18	12.68	765	33.19	
30 and more	155	7.17	10	7.04	165	7.16	
Total	2163	100.00	142	100.00	2305	100.00	
Workplace							*p***
Reference Center	176	8.14	5	3.52	181	7.85	
DIRES/Management	398	18.40	18	12.68	416	18.05	
Hospital/Maternity/UPA	1438	66.48	114	80.28	1552	67.33	0.007
Others	151	6.98	5	3.52	156	6.77	
Total	2163	100.00	142	100.00	2305	100.00	
Maturity*							*p***
< 1	5	0.23	0	0.00	5	0.22	
1 up to 2	1309	60.52	110	77.46	1419	61.56	
Sup. 2 to 3	810	37.45	30	21.13	840	36.44	0.000
Sup. 3 to 4	26	1.20	0	0.00	26	1.13	
Sup. 4 or more	13	0.60	2	1.41	15	0.65	
Total	2163	100.00	142	100.00	2305	100.00	

* Test Chi² Pearson; ** Test Chi² of Linear Trend.

with nurses who work in hospitals, emergency and maternity units. This percentage gradually decreases for other maturity ranges. Conversely, to the working of Dires and the scope of the central management, this percentage rises as it increases the interval of salary range, reaching 53.33% of those maturing in the range greater than four minimum wages.

In the association between maturity and commissioned position, Table 2 shows that ranges from one to two or three minimum wages predominated with 92.53% and 90.60%, respectively from nurses without commissioned position. In contrast, 50% of those who earn more than three salaries and 86.67% of those who earn more than four minimum wages occupy commissioned position.

By linking salary and service time (Table 2), 63.21% of the nurses who earn between one and two minimum wages had less than three years of admission and 53.33% of the workers who earn a salary higher than four minimum wages were in the range of 20 to 29 years of service. However, the difference between the proportions does not show a gradual growth when observing the rise of temporal ranges.

We also analyzed the differences between the proportions of variable commissioned positions and level of education, verifying that the association was statistically significant (Table 3). Thus, it is observed that the proportion of nurses with masters and doctorate degree rises among the nurses who occupy commissioned position related to the category of those who do

Table 2. Proportional distribution by maturity, according to professional characteristics, of nurses of the state SUS service network. Bahia, 2013

Variable	Maturity					TOTAL	*p*-value**
	< 1 SM*	1 up to 2 SM	2 and up SM	3 and up SM	4 and up SM		
	N %	N %	N %	N %	N %	N %	
Instruction level							
Undergraduate	3	991	419	7	2	1422	0.000
	60.00	69.84	49.88	26.92	13.33	61.69	
Especialization	1	399	401	13	5	819	
	20.00	28.12	47.74	50.00	33.33	35.53	
Master/Doctorate	1	21	8	0	1	31	
	20.00	1.48	0.95	0.00	6.67	1.34	
No Information	0	8	12	6	7	33	
	0.00	0.56	1.43	23.08	46.67	1.43	
Total	5	1419	840	26	15	2305	
	100.00	100.00	100.00	100.00	100.00	100.00	
Workplace							
Reference Center	1	98	80	2	0	181	0.000
	20.00	6.91	9.52	7.69	0.00	7.85	
DIRES/Management	2	192	201	13	8	416	
	40.00	13.53	23.93	50.00	53.33	18.05	
Hospital/Emergency/Maternity unit	2	1047	490	10	3	1552	
	40.00	73.78	58.33	38.46	20.00	67.33	
Others	0	82	69	1	4	156	
	0.0	5.78	8.21	3.85	26.67	6.77	
Total	5	1419	840	26	15	2305	
	100.00	100.00	100.00	100.00	100.00	100.00	
Commissioned position							
No	3	1313	761	12	1	2090	0.000
	60.00	92.53	90.60	46.15	6.67	90.67	
Yes	2	24	10	13	13	62	
	40.00	1.69	1.19	50.00	86.67	2.69	
No information	0	82	69	1	1	153	
	0.0	5.78	8.21	3.85	6.67	6.64	
Total	5	1419	840	26	15	2305	
	100.00	100.00	100.00	100.00	100.00	100.00	
Time of admission							
< 3	1	897	5	1	2	906	0.000
	20.00	63.21	0.60	3.85	13.33	39.31	
3 to 9	2	261	129	0	2	394	
	40.00	18.40	15.36	0.00	13.33	17.09	
10 to 19	0	27	44	3	1	75	
	0.00	1.90	5.24	11.54	6.67	3.25	
20 to 29	1	200	539	17	8	765	
	20.00	14.09	64.17	63.38	53.33	33.19	
30 and up	1	34	123	5	2	165	
	20.00	2.40	14.64	19.23	13.33	7.16	
Total	5	1419	840	26	15	2305	
	100.00	100.00	100.00	100.00	100.00	100.00	

* Minimum wage (SM) that time R$ 680,00; ** Test Chi² of Linear Trend.

not occupy commissioned position, unlike what happens with those who have expertise. It is noteworthy that among the nurses occupying commissioned positions, 22.58% have only the titling undergraduate and 43.55% do not have information about titling.

DISCUSSION

Although historically there is a predominance of women in this profession, this study records to incoming men in Sesab jobs was significant in the last three years. Although with significant proportional difference in favor of women, gender differences are striking in the measured labor force. Although the presence of men corresponds to minority in absolute numbers, the proportion of those who receive more than 4 times the minimum wage in Sesab is higher than women in the same salary range.

Noting that the main factor that add value to the nurse workforce was the existence of commissioned position historically occupied by the male workforce, the results prove the study by Araujo and Rotenberg[18], which revealed that men in the category of nurses they are more represented in the functions of direction and management of health work. This shows that even in a work considered typically female, women find it harder to progress in their careers than men, who arrive more quickly to command posts[19].

Even though nurses male and female in Sesab be gazetted and submitted to the same PCCV, the finding can be inferred that men are more competitive than women, because in less working time they reach higher positions in the organization's hierarchy, with greater maturity, even not having ascended the career ladder. This shows that beyond the precariousness elements experienced by the category as a whole, there is still gender inequality.

If what adds value to earnings is commissioned position, nurses who earn the highest salaries are not those with a higher level of education. According Santos[19], although the increase in the qualifying time for the job will help to raise the value of the labor force, in the case of Brazilian nurses this has generated impact on your earnings. This applies in part to the workers of Sesab because women have the highest proportion in median wages (3-4 minimum wages) and they are those who have proportionally the highest level of training. According Probst[20], women over the years have been specializing more than men, reflecting the attempt to aim for better wages because of their position is recognized as less relevant than the male, because the gender differences present in the working world.

It was found that workers who earn salaries between three and four minimum wages are also those with longer time of service, indicating that maturity is also impacted by this factor. Furthermore, nurses women were in greater proportion included among workers with greater time of admission. This also contributes to the higher proportion of women found in the higher salary range, added to data of the higher level of education.

A large proportion of maturities between one to two minimum wages reflects a predominance of low wages paid to nurses, as shown by the study of the International Council of Nurses[21].

According Marx[1], the value of the workforce is made up of the value of goods necessary for the survival of the worker and his family, their training needs, access to cultural and technological development of society, and an equation of the working day, productive force and intensity of work. The price may be equal to, less than or greater than the value and holds other variables that can define it.

In Santos[19] study stand out elements that increase or reduce the value of the nurse workforce, as the qualifying time and the nature of their work, considered more complex. However, the social and technical division of labor in nursing, female as dominant among these workers, the formation of a reserve army and the lack of political and trade union organization of nurses contribute to the reduction of the value of their workforce .

This can be associated with the absence of legislation ensuring to female workers of the nursing field a wage floor and working hours, which, combined with the weak political organization, exposes the interests of employers. Low salaries of nurses in the network of the state services of SUS in Bahia can mean a form of social precariousness of work which, according Druck[4], is at the center of flexible capitalism dynamic and is a strategy of domination of any worker.

Table 3. Proportional distribution of commissioned position according to the titling of nurses of the state SUS service network. Bahia, in 2013

Variable	Commissioned position								*p*-value*
	No		Yes		No information		Total		
	N	%	N	%	N	%	N	%	
Education level									
Undergraduate	1324	63.35	14	22.58	84	54.90	1422	61.69	
Especialization	739	35.36	17	27.42	63	41.18	819	35.53	0.000
Master/Doctorate	23	1.10	4	6.45	4	2.61	31	1.35	
No information	4	0.19	27	43.55	2	1.31	33	1.43	
Total	2090	100.00	62	100.00	153	100.00	2305	100.00	

* Test Chi² of Linear Trend.

The Souza[22] study on work in nursing in financialized capital demonstrates that health services in the public sphere are favorable spaces for capital appreciation. It also reveals that the low wages paid to workers in nursing are related to this logic that is embodied in the health field, in scrapping of infrastructure services and salary squeeze.

Noteworthy is the percentage of workers with low graduate degree. First, the characteristic of the state public services, most specialized, or jobs in the central management of the organization. Another factor is the need for titling for career advancement. Therefore, there are several possibilities to explain this finding: the implementation of PCCV is recent in Sesab, most workers have a lot of time of service or is newly entered, the level of education does not influence significantly the elevation of maturity, and the PCCV is not implemented by the employer or is not required compliance by the worker, although the same, a conquest of workers of Sesab, has been deployed since 2011[17].

It is visible that gender inequalities are revealed in other evidence. While women were a majority in the occupation of management and the Dires jobs, the men were working predominantly in hospitals, emergency units and maternities. This shows the search of women for daytime working hours, enabling them to get the second or third job taking household chores.

Nogueira[23] and Antunes[24] report that the woman worker performs his work doubly, outside and inside the house. And thanks to this duplicity insertion of female labor that was organizing gradually the traditional patriarchal family workers: male breadwinner and woman complementary, assuming the responsibilities of housework.

The gender division of labor is not neutral because conceals power and interest relations male over female (expressed in gender hierarchy) both in production and in reproduction, which provides and promotes the devaluation of the female workforce[23]. The results discussed in this article point in the same direction on the work of the nurse.

Nurses of Sesab either have been recently incorporated or were too old in the working board, featuring a mostly adult and aging workforce. This also reflects a gap in the incorporation of career employees by Bahia State in the 1990s, when happened the implementation and expansion of SUS. This fact continued until the 2000s, a result that is opposed to the national context10 in which this was the period in when the public sector significantly incorporated health workers. This shows a probable delay of Bahia state in the implementation of actions and health policies in the first decade of the SUS implementation.

In the medium term, the nurses who have much service time will be retired and, as a consequence, the health services network of SUS in Bahia under direct management will have a significant reduction in its workforce, which requires from the government strategies for immediate renovation. This already seems to be happening, since the last three years have significantly increased the inflow of nurses in Sesab.

A significant amount of the nurses fulfills extensive workday. According to Santos et al.[25], nursing professionals have a weekly workload of between 30 and 44 hours. The Sesab follows this trend in health. According to Machado et al.[26], almost half of the workers in this area have longer hours than 40 hours per week, highlighting in this situation medical professionals.

Finally, given that nearly all the nurses are statutory public workers, and contrasting this data with all the conditions considered above, confirms the assumption that public workers nurses are also subject to precariousness process of their work, a phenomenon that affects all workers, even those with high education and stable bonds, such as the civil service.

CONCLUSIONS

The workforce of nurses from the Bahia health state network is characterized by low wages, low-skilled, higher input men in the last three years and extreme findings regarding to length of service.

The results confirm that gender differences are striking in the work of the nurse, with regard to wages, assumption of office, workplace and professional training. The salaries, even if they are impacted by the level of training and service timehas as determining factor the occupation of commissioned positions, which accentuates the gender differences.

Even those who pass the government test, nurses from the state SUS service network experience a process of precariousness of their work, since they earn low wages, a significant portion works under extensive workload and thus possibly intense days of work.

Although with stable bonds and PCCV, the precariousness in Sesab is marked by gender differences when it is found that men keep their salaries proportionally higher because they occupy positions of power and higher positions in the organizational hierarchy.

Like all cross-sectional study, the results reflect limitations by referring to a given point in time without considering the above conditions to the same. Furthermore, the data used were derived from the existing register and made available by the employer, which limits the number of variables and forms of categorization.

Another important highlight is the fact that the study have held only to nurses of services under direct management Sesab, which prevented them to be in-depth aspects concerning the flexibility and precariousness of employment bonds.

The results contribute to public policy of work management and continuing education of Bahia. Also unveiled a set of elements that can be deepened from other research in order to explore categories of analysis of both the work process and the precariousness that were not included in this study - the vulnerability in the forms of insertion, intensification of work, outsourcing , insecurity and health at work and the organization of workers.

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